

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

Serial No:

101595 993

Filing Date

Applicant(s)

CLAIMS

	CLAIMS							CLAIMS						
	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT			AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	1						51							
2	1						52							
3	2						53							
4	0						54							
5	0						55							
6	0						56							
7	0						57							
8	0						58							
9	0						59							
10	0						60							
11	0						61							
12	1						62							
13	1						63							
14	1						64							
15	1						65							
16	1						66							
17	1						67							
18	1						68							
19	1						69							
20	1						70							
21	1						71							
22	1						72							
23	1						73							
24	1						74							
25	1						75							
26	1						76							
27	1						77							
28	1						78							
29	1						79							
30	1						80							
31							81							
32							82							
33							83							
34							84							
35							85							
36							86							
37							87							
38							88							
39							89							
40							90							
41							91							
42							92							
43							93							
44							94							
45							95							
46							96							
47							97							
48							98							
49							99							
50							100							
TOTAL IND.	3	↓		↓		↓	TOTAL IND.		↓		↓		↓	
TOTAL DEP.	17	←		←		←	TOTAL DEP.		←		←		←	
TOTAL CLAIMS	20						TOTAL CLAIMS							